DocuSign Envelope ID	: BA0F494E-29C0-48I	D4-B432-C14A903CF6F3

Date:

Outwa	ard Payment Instruction r Payments & CHAPs) Allied Irish Bank (GB)		
V.A.M.	Registered Scheme Administrator		
1. Cu	istomer details		
Customer Name	Brighton Bed Centre Ltd Executive Pension Scheme Account Number 0 4 9 1 9 0 8 8		
2. Pa	nyment details		
	er Payment (No Fee) Ps (£25.00 Fee) unt To Account Transfer		
3. Be	eneficiary Information		
Beneficiary Name Brighton Bed Centre Ltd			
	Beneficiary Sort Code 2 0 1 2 8 0 Beneficiary Account Number 2 3 6 8 2 1 6		
Payment R (if applicab	able)		
Authorised	Signature Susigned by: rgaret Morris 385DD30EB245B 4/2021 Authorised Signature DocuSigned by: Usin Aubrey Wynne Patrick Morris 6055EED9ADBE4BB Date: 25/4/2021		
FOR INTER	RNAL USE ONLY		
Input By:	Authorised By:		
Signature	Signature:		

DM

Date: